



Will County Supervisor of Assessments Office

Application for Preferential Exemption Farm Assessment

Who should complete this form?

An owner/ lessee shall file this form to request a preferential assessment if the property is currently zoned agricultural and is used for farm purposes.

Qualifications:

- The Property Tax Code 35 ILCS 200/10-110 states that the property must be used as a farm as defined in section 1-60 for 2 years preceding before becoming eligible to receive the farm assessment in the third year.

Note: There is no restitution on taxes or assessed value for the prior 2 years once the property becomes eligible to receive the exemption.

- Within those 2 years you will need to provide documentation of the attempt or intent of production income by submitting pictures, signed farm affidavits attached from the farmer if the property is being maintained by someone other than the tax payer, receipts of any purchases and/ or sales, and 1040 tax return schedule F, and etc. to support the claim.

Complete the following information

1. _____

Property owner's name

Street address of farm property

City State Zip

_____ Phone Email Address

2. Assessment year for which you are requesting a farm assessment. _____

3. Write the date the property began to be used for farm purposes. ___/___/_____

4. Has this property been used for farm purposes for 2 years preceding this assessment year?

NO [] YES []

5a. Total acreage of area that you are requesting farm assessment for: _____

b. The described property has been planted/ cropped or used as the following:

- [] Cropland [] Permanent Pasture [] Other farmland [] Wasteland

6. Property index number (PIN) of the property which you are requesting a farm assessment. Your PIN is listed on your property tax bill or you may obtain it from The CCAO.

a. PIN: _____

b. Please attach the property legal description only if unable to obtain the PIN.

[] Attached

Sign below

Under penalties of perjury, I state that to the best of my knowledge information on this form is true, correct, and complete

_____ /___/___ Property owner/ lessee signature Date

Mail your completed form to:

Will County Supervisor of Assessment Office 302 North Chicago St. Second FL Joliet, IL 60432

Office use only. Do not write in this space

- [] Approved [] Denied

Reason for denial _____